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ABSTRACT

This report summarizes the latest edition of national guidelines that have been a cornerstone of nutrition policies and programs in Canada for almost 50 years. The guidelines for healthy eating are as follows: enjoy a variety of foods; emphasize cereals, breads, other grain products, vegetables, and fruits; choose low-fat dairy products, lean meats, and foods prepared with little or no fat; achieve and maintain a healthy body weight by enjoying regular physical activity and healthy eating; and limit salt, alcohol, and caffeine. The purpose of the review was to ensure up-to-date nutrition recommendations that will promote and maintain health and reduce the risk of nutrition-related diseases, such as obesity, heart disease, and cancer. A scientific review committee was responsible for reviewing recent evidence from a public health perspective. A communications and implementation committee was responsible for developing consumer advice and implementation strategies. The report indicates the actions that many sectors, including governments at all levels, professional and voluntary organizations, food and food service industries, and the consumer, can take to assist Canadians in making healthy food choices. (CML)

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Nutrition Recommendations... *A Call for Action*



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of the
Scientific Review
Committee and
the Communications/
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*Nutrition
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A Call for Action*

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1.

Introduction

Nutrition has long been recognized as a key factor in promoting good health and preventing disease. This report summarizes the latest edition of national guidelines that have been a cornerstone of nutrition policies and programs in Canada for almost 50 years. In addition the report goes on to indicate the action that many sectors can take to assist Canadians in making healthy food choices. This includes governments at all levels, professional and voluntary organizations, food and food services industries and, of course, the consumer.

In 1987, Health and Welfare Canada initiated a review of the national nutrition guidelines and established two committees:

- A Scientific Review Committee (SRC), responsible for reviewing recent scientific evidence from a public health perspective and revising the Nutrition Recommendations, including recommended nutrient intakes, accordingly;
- A Communications/Implementation Committee (CIC), responsible for developing consumer advice and implementation strategies that would embody the revised Nutrition Recommendations.

The purpose of this review was to ensure up-to-date Nutrition Recommendations which will promote and maintain health and reduce the risk of nutrition-related diseases. Today, the major nutrition concerns facing Canadians are obesity and chronic diseases influenced by diet, such as heart disease and cancer.

This report incorporates the key findings of the two committee reports. It will serve as a resource for policy-makers, nutritionists, public health specialists, educators, health communicators, and all those involved in encouraging wider public interest in health promotion and disease prevention.

2.

The Scientific Review Committee: Defining the Canadian Diet

The Scientific Review Committee conducted an in-depth study of Nutrition Recommendations for Canadians and the Recommended Nutrient Intakes for Canadians, to incorporate new research findings that might contribute to a healthier diet. The ultimate purpose of the review was to provide guidance to Canadians over two years of age in making food

choices that will supply recommended levels of essential nutrients while reducing the risk of chronic disease.

The Committee adopted the following key statements as the Nutrition Recommendations for Canadians.

Nutrition Recommendations for Canadians

- *The Canadian diet should provide energy consistent with the maintenance of body weight within the recommended range.*
- *The Canadian diet should include essential nutrients in amounts recommended.*
- *The Canadian diet should include no more than 30% of energy as fat (33 g/1000 kcal or 39 g/5000 kJ) and no more than 10% as saturated fat (11 g/1000 kcal or 13 g/5000 kJ).*
- *The Canadian diet should provide 55% of energy as carbohydrate (138 g/1000 kcal or 165 g/5000 kJ) from a variety of sources.*
- *The sodium content of the Canadian diet should be reduced.*
- *The Canadian diet should include no more than 5% of total energy as alcohol, or two drinks daily, whichever is less.*
- *The Canadian diet should contain no more caffeine than the equivalent of four regular cups of coffee per day.*
- *Community water supplies containing less than 1 mg/litre should be fluoridated to that level.*

More fully, the key findings were:

- *The Canadian diet should provide energy consistent with the maintenance of body weight within the recommended range.* Physical activity should be appropriate to circumstances and capabilities. Both longevity and the incidence of a number of chronic diseases are associated adversely with body weights above or below the recommended range. There is, thus, a health benefit to controlling weight, but a possible downside to control by energy intake alone. Physical activity should also play a role. While the importance of maintaining some activity throughout life can be stressed, it is not possible to specify a level of physical activity appropriate for the whole population. As a general guideline it is desirable that adults, for as long as possible, maintain an activity level that permits an energy intake of at least 1800 kcal or 7.6 MJ/day while keeping weight within the recommended range.
- *The Canadian diet should include essential nutrients in amounts recommended.* One of the reasons for including physical activity as a desirable element in weight control is the increasing difficulty in meeting the recommended nutrient intake (RNI) as energy intake falls below 1800 kcal or 7.6 MJ/day. While it is important that the diet provide the recommended amounts of nutrients, it should be understood that no evidence was found that intakes in excess of the RNIs confer any health benefit. There is no general need for supplements except for vitamin D for infants and folic acid during pregnancy. Vitamin D supplementation might be required for elderly persons not exposed to the sun, and iron for pregnant women with low iron stores. It should be noted that while the habitual intake of certain nutrients, for example, protein and vitamin C, greatly exceeds the RNI, there is no reason to suggest that present intakes can be reduced.
- *The Canadian diet should include no more than 30% of energy as fat (33 g/1000 kcal or 39 g/5000 kJ) and no more than 10% as saturated fat (11 g/1000 kcal or 13 g/5000 kJ).* Diets high in fat have been associated with a high incidence of heart disease and certain types of cancer and a reduction in total fat intake is an important way to reduce the intake of saturated fat. The evidence linking saturated fat intake with elevated blood cholesterol and the risk of heart disease is among the most persuasive of all diet/disease relationships and was an important factor in establishing the recommended dietary pattern. Dietary cholesterol, though not as influential in affecting levels of blood cholesterol, is not without importance. A reduction in cholesterol intake normally will accompany a reduction in total fat and saturated fat. The recommendation to reduce total fat intake does not apply to children under the age of two years.
- *The Canadian diet should provide 55% of energy as carbohydrate (138 g/1000 kcal or 165 g/5000 kJ) from a variety of sources.* Sources selected should provide complex carbohydrates, a variety of dietary fibre and β -carotene. Carbohydrate is the preferred replacement for fat as a source of energy since protein intake already exceeds requirements. There are a number of reasons why the increased carbohydrate calories should be in the form of complex carbohydrates. Diets high in complex carbohydrates have been associated with a lower incidence of heart disease and cancer, and are sources of dietary fibre and of β -carotene.
- *The sodium content of the Canadian diet should be reduced.* The present food supply provides sodium in an amount greatly exceeding requirements. While there is insufficient evidence to support a quantitative recommendation, potential benefit would be expected from a reduction in current sodium intake. Consumers are encouraged to reduce the use of salt (sodium chloride) in cooking and at the table, but individual efforts will be relatively ineffective unless the food industry makes a determined effort to reduce the sodium content of processed and prepared food. A diet rich in fruits and vegetables will ensure an adequate intake of potassium.
- *The Canadian diet should include no more than 5% of total energy as alcohol, or two drinks daily, whichever is less.* There are many reasons to limit the use of alcohol. From the nutritional point of view, alcohol dilutes the nutrient density of the diet and can undermine the consumption of RNIs. The deleterious influence of alcohol on blood pressure provides more urgent reason for

2. The Scientific Review Committee: Defining the Canadian Diet

moderation. During pregnancy it is prudent to abstain from alcoholic beverages because a safe intake is not known with certainty.

- *The Canadian diet should contain no more caffeine than the equivalent of four regular cups of coffee per day.* This is a prudent measure in view of the increased risk for cardiovascular disease associated with high intakes of caffeine.
- *Community water supplies containing less than 1 mg/litre should be fluoridated to that level.* Fluoridation of community water supplies has proven to be a safe, effective and economical method of improving dental health.

The report of the Scientific Review Committee is valuable to researchers, educators, students, practitioners and policy-makers. From the range of scientific and technical sources consulted, the Committee provided the scientific basis for healthy eating in Canada.

3.

The Communications/Implementation Committee: Bringing Nutrition to the Community

While the scientific review provided the basis for healthy eating, the Nutrition Recommendations must be expressed in messages more easily understood by the public if they are to be acted upon. The Communications/Implementation Committee identified a number of gaps between the Nutrition Recommendations for Canadians and current dietary patterns across the country. These gaps place many Canadians at greater risk for diet-related chronic diseases such as heart disease and some types of cancer. Areas for change include reductions in total and saturated fat, sodium, alcohol and caffeine, increases in complex carbohydrates and fibre, and introduction of water fluoridation programs in many communities. Canada's Guidelines for Healthy Eating were developed as the key messages to be communicated to healthy Canadians, over two years of age. Further research is required to refine the messages for specific groups within the population.

The Communications/Implementation Committee also identified the key factors affecting the implementation of Canada's Guidelines for Healthy Eating. These ranged from consumer awareness and changing demographics, to inequities in health and nutrition, to literacy levels within target populations, and to the quality of the food supply.

The Committee suggested that health and nutrition communicators face a number of opportunities and challenges as they enter the 1990s. Recent surveys show a high degree of consumer interest in nutrition, diet and health, and indicate that Canadians are eating more healthfully than they were at the beginning of the decade. Focus group research conducted for the CIC shows awareness of the link between diet

Canada's Guidelines for Healthy Eating

- *Enjoy a VARIETY of foods.*
- *Emphasize cereals, breads, other grain products, vegetables and fruits.*
- *Choose low-fat dairy products, lean meats and foods prepared with little or no fat.*
- *Achieve and maintain a healthy body weight by enjoying regular physical activity and healthy eating.*
- *Limit salt, alcohol and caffeine.*

and health, suggesting that many Canadians simply need reinforcement for the positive food choices they are making. For those individuals who are already eating more fish and poultry, fruits and vegetables and consuming less fat, fried food and salt, Canada's Guidelines for Healthy Eating will provide credible advice.

At the same time, more aggressive approaches will be needed for the less aware population, and it will be important to target health promotion programs to account for regional, demographic and cultural differences. Messages must be clear and concrete: focus group respondents had no knowledge of how to reduce fat intake to 30% of calories, but were open to the idea of reducing their consumption of fatty foods. Health

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promotion efforts must also be sensitive to each individual's willingness to change his or her diet at any point in time, and should be targeted to reflect changing demographics. While the growth in two-income households has translated into increased reliance on convenience foods, Canadians also have greater access to nutrition information, place more importance on fitness and health, are more likely to feel personally responsible for controlling their use of alcohol and tobacco, and are more interested in environmental issues.

The Committee also identified a number of potential barriers to healthier eating. Lower-income Canadians, particularly female-headed single-parent families, are at greater risk for nutritional problems and a range of other chronic diseases. The high cost of housing in many regions, and the high cost and limited availability of food in some communities, have created a challenge to food security for some Canadians, as demonstrated by the establishment of over 300 food banks across the country in the past decade. The functional illiteracy of about one-quarter of adult Canadians has a direct bearing on nutrition information programs. And, a different range of food choices will be needed to ensure dramatic reductions in the consumption of total and saturated fats and sodium.

It was in this light that the Committee evaluated the need for and feasibility of a comprehensive dietary guidance system, to support implementation of Canada's Guidelines for Healthy Eating and replace *Canada's Food Guide*.

The Communications/Implementation Committee's review of *Canada's Food Guide* reflected the findings of the Scientific Review Committee. The CIC received invaluable assistance from three associated bodies, the task groups on Canada's Food Guide and Food Consumption, and the Technical Group on Canada's Food Guide.

Many nutrition educators have called for further integration of the Nutrition Recommendations with *Canada's Food Guide*, to include foods that do not fit into the four food groups, and change its

name and visual presentation. Based on the report of the Task Group on Canada's Food Guide, the Communications/Implementation Committee agreed on the need for the development of a food guidance system, using a total diet approach that increases the range of foods in the food guide, and addresses chronic disease prevention alongside the issue of nutritional adequacy.

The Committee also highlighted the need to base implementation of Canada's Guidelines for Healthy Eating on a range of strategies. Beyond simply providing nutrition information to Canadians, it will be necessary to address the nutrition challenge through:

- development of food and nutrition policies;
- collaboration and coordination among government, industry and non-government partners in the nutrition field;
- development of multisectoral, community-based nutrition interventions;
- creation of supportive environment in schools, workplaces, restaurants and supermarkets;
- legislative and policy change, where appropriate; and
- increased nutrition research and surveillance.

Recognizing that new challenges require new tools and wider partnerships, the Communications/Implementation Committee stressed the need for participation by all the major stakeholders — from federal, provincial and local governments, to industry, consumers and professional organizations. The following recommendations recognize that no single sector or level of government will be able to address the nutrition challenge on its own.

A. Core Recommendations for Action to all Sectors:

- A1. Initiate coordinated national food and nutrition policy, linking nutrition and health with agriculture, education, fitness, fisheries, social services, environment and other relevant sectors.

- A2. Adopt and promote Canada's Guidelines for Healthy Eating as the single set of nutrition recommendations for communication to and implementation by the healthy public over two years of age.
- A3. Integrate Canada's Guidelines for Healthy Eating into nutrition programs and materials.
- A4. Develop and ensure continued availability of targeted nutrition programs and materials to meet the needs of the population, taking into account sociodemographic and cultural characteristics.
- A5. Initiate intersectoral initiatives to develop community-based nutrition programs to promote and support implementation of Canada's Guidelines for Healthy Eating, which include school, workplace, mass media and point-of-purchase intervention programs.
- A6. Initiate intersectoral cooperation to develop guidelines on the dissemination of health information associated with the sale of food products.
- A7. Increase research efforts and support a national nutrition surveillance and monitoring system.
- A8. Review the Nutrition Recommendations and Communications/Implementation Strategies every five years.
- B. Recommendations for Action to the Department of National Health and Welfare:**
- B1. Provide leadership for coordinating national implementation of the recommendations for action contained in the Report of the Communications/Implementation Committee.
- B2. Establish a Coordinating Group for Intersectoral Implementation of Canada's Guidelines for Healthy Eating that reports to the Minister of National Health and Welfare. Group members should include representatives from nutrition and health professional organizations, food and related industries, non-governmental organizations, other government departments and the public.
- B3. Review, in collaboration with these partners, the Nutrition Recommendations and Communications/Implementation Strategies every five years.
- B4. Adopt and promote Canada's Guidelines for Healthy Eating as the single set of nutrition recommendations for communication to the healthy public over two years of age.
- B5. Advocate for and coordinate efforts in federal, provincial, territorial, and municipal governments to develop coordinated food and nutrition policy linking nutrition and health with agriculture, education, fisheries, fitness, social services, environment and other relevant sectors.
- B6. Strengthen communication and cooperation on nutrition and health policy, program development and implementation within the Department of National Health and Welfare.
- B7. Strengthen communication and coordination on issues of nutrition and food among the departments of National Health and Welfare, Agriculture, Consumer and Corporate Affairs, Fisheries and Oceans, and National Defence.
- B8. Assess and revise, where necessary, public policy in areas such as free trade, sales tax reform, pesticide review, food commodity pricing and land use in order to support implementation of Canada's Guidelines for Healthy Eating.

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- B9. Participate in intersectoral initiatives to develop guidelines on the dissemination of health information associated with the sale of food products and initiate needed legislative or policy revisions in support of these guidelines.
 - B10. Advocate for appropriate changes to the *Canadian Agricultural Products Act* to allow for development of low-fat, standardized dairy and meat products.
 - B11. Advocate changes to dairy-product legislation to make available lowered-fat and altered-fat products in all provinces.
 - B12. Advocate to Agriculture Canada and provincial counterparts for nutrition as a primary determinant in agricultural food-product development.
 - B13. Advocate to the food industry for nutrition as a primary determinant in food-product development.
 - B14. Support community-based nutrition initiatives by allocating substantial financial resources for large-scale demonstration projects in community nutrition; small-scale innovations; and the transfer of effective programs to other communities and agencies.
 - B15. Develop, in consultation with the provinces/territories, enabling systems supportive of community action on nutrition — including incentive grants, training, consultative services and communications mechanisms.
 - B16. Revise *Canada's Food Guide*, incorporating the recommendations of the Task Group on Canada's Food Guide and the Technical Group on Canada's Food Guide. The revised food guide should be based on a total diet approach which incorporates Canada's Guidelines for Healthy Eating and reflects the Nutrition Recommendations.
 - B17. Provide financial resources and collaborate with partner sectors to generate baseline and ongoing national data on nutritional status and food consumption of Canadians.
 - B18. Encourage evaluation of nutrition and health promotion programs through funding.
 - B19. Monitor the effectiveness of a nutrition labelling program in assisting the public to act on Canada's Guidelines for Healthy Eating. Revise as needed.
 - B20. Develop a protocol that can be used by different sectors for regular monitoring of awareness of, and compliance with, Canada's Guidelines for Healthy Eating.
 - B21. Actively disseminate and publicize widely research results and implications as they relate to the implementation of Canada's Guidelines for Healthy Eating.
 - B22. Provide funding, through the National Health Research and Development Program, for nutrition research in support of the implementation of Canada's Guidelines for Healthy Eating.
- C. Recommendations for Action to Provincial, Territorial and Municipal Governments**
- C1. Provide leadership for coordinating provincial, territorial and municipal implementation of the recommendations for action contained in the Report of the Communications/Implementation Committee.
 - C2. Establish a Coordinating Group for Intersectoral Implementation of Canada's Guidelines for Healthy Eating. Group members should include representatives from nutrition and health professional organizations, food and related industries, non-governmental organizations, other government departments and the public.

- C3. Adopt and promote Canada's Guidelines for Healthy Eating as the single set of nutrition recommendations for communication to the healthy public over two years of age.
- C4. Develop coordinated food and nutrition policy linking nutrition and health with agriculture, education, fisheries, fitness, social services, environment and other related sectors.
- C5. Incorporate Canada's Guidelines for Healthy Eating into programs, policies, legislation, media campaigns, etc. as appropriate, taking into account the needs of the local population.
- C6. Review staffing levels in community health services to achieve a minimum ratio of 1 public health nutritionist per 50,000 population.
- C7. Develop plans, programs and policies to implement Canada's Guidelines for Healthy Eating taking into account the sociodemographic and cultural needs of the population.
- C8. Provide funding and cooperate with the Department of National Health and Welfare to generate baseline and ongoing data on nutritional status and food consumption of Canadians.
- C9. Support evaluation of nutrition and health promotion programs through funding.
- C10. Encourage the development of strategic grants to fund research in support of implementation of Canada's Guidelines for Healthy Eating.
- C11. Fully integrate nutrition into curricula at all levels in the formal education system, including teacher education programs.
- C12. Ensure that foods served in Canadian schools are consistent with Canada's Guidelines for Healthy Eating.

- C13. Initiate coordinated, comprehensive food and nutrition policies in schools.
- C14. Ensure municipal water contains fluoride at levels no less than 1 mg per litre.
- C15. Examine social assistance allowances, and adjust where necessary, to ensure that recipients can achieve Canada's Guidelines for Healthy Eating.
- C16. Change dairy product legislation, where restricted by law, to make available lowered-fat and altered-fat food products.
- C17. Make nutrition a primary determinant in agricultural food-product development.
- C18. Promote provincial food products based on their nutritional benefits.

D. Recommendations for Action to Nutrition and Other Health Professional Organizations:

- D1. Adopt and promote Canada's Guidelines for Healthy Eating as the single set of nutrition recommendations for communication to the healthy public over two years of age.
- D2. Promote Canada's Guidelines for Healthy Eating and their implementation to members (through journals, newsletters, continuing education, annual meetings, etc.).
- D3. Stimulate discussion by, and active participation of, members at the national, provincial and community level to implement Canada's Guidelines for Healthy Eating.
- D4. Coordinate efforts with other partners to ensure the communication of a consistent message about diet and health.
- D5. Work with the public and private sectors and voluntary health agencies to develop and support nutrition policy at the national, provincial, territorial and community levels.

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- D6. Place greater emphasis on nutrition in health promotion and disease prevention in education and continuing professional education programs for nutritionists and other health professionals.
- D7. Participate in intersectoral initiatives to develop guidelines on the dissemination of health information associated with the sale of food products.
- D8. Advocate for, and support efforts to, develop provincial, territorial and local nutrition policies in schools.
- D9. Advocate for nutrition as a primary determinant in institutional and commercial food service.
- D10. Advocate to Agriculture Canada and provincial counterparts for nutrition as a primary determinant in agricultural food-product development.
- D11. Advocate to the food industry for nutrition as a primary determinant in food-product development.
- D12. Generate data on awareness of and compliance with Canada's Guidelines for Healthy Eating, where health survey and research opportunities exist.
- D13. Advocate to the public and private sectors to undertake research in support of the implementation of Canada's Guidelines for Healthy Eating.

E. Recommendations for Action to Nutrition and Other Health Professionals:

- E1. Encourage the implementation of Canada's Guidelines for Healthy Eating through advocacy for local policies (for example, municipal, worksite, and school board policies).
- E2. Implement Canada's Guidelines for Healthy Eating in the agencies and settings in which they are employed in an effort to provide healthy clients with a consistent nutrition message.

- E3. Involve community leaders, the private sector and potential clients in integrating Canada's Guidelines for Healthy Eating into local programs (for example, programs for low-literacy groups and ethnic sub-groups).
- E4. Initiate partnerships (for example, with community or church groups and with worksite representatives) in the design, implementation and evaluation of community-based nutrition intervention programs.
- E5. Advocate for the integration of a nutrition component into all relevant community health programs.

F. Recommendations for Action to the Food Industry:

- F1. Develop and incorporate company nutrition policies that encourage the production and promotion of food products and menu plans consistent with Canada's Guidelines for Healthy Eating.
- F2. Develop products low in total fat and energy and high in micronutrients. This would have greatest impact in dairy and bakery products and snack-food categories.
- F3. Reduce the use of salt and sodium-based ingredients in food processing.
- F4. Moderate the incorporation of trans-fatty acids into food products.
- F5. Conduct promotional campaigns consistent with Canada's Guidelines for Healthy Eating.
- F6. Support the efforts of health or nutrition organizations that are communicating Canada's Guidelines for Healthy Eating.
- F7. Expand active partnerships in nutrition education and promotion activities with health professionals and non-governmental health organizations.

F8. Expand the use of voluntary nutrition labelling to as many products as possible.

F9. Promote products on their nutritional benefits, using Canada's Guidelines for Healthy Eating to encourage customers to read nutrition labels.

F10. Use labels and advertising to recommend smaller portions of high-fat foods.

F11. Use low-fat ingredients in label or promotional recipes, menu plans and serving suggestions.

F12. Participate in intersectoral initiatives to develop guidelines on the dissemination of health information associated with the sale of food products.

F13. Conduct research and development activities to help create products that are low in total fat, saturated fat and cholesterol, and high in complex carbohydrates and fibre.

F14. Participate in nutrition monitoring research with other sectors.

G. Recommendations for Action to the Food Services Sector:

G1. Develop a nutrition policy that establishes nutrition as a primary determinant in food purchasing and product development.

G2. Provide food choices for consumers that are low in total fat, saturated fat and cholesterol and high in complex carbohydrates and fibre in restaurants, cafeterias and vending machines.

G3. Use non- or low-fat cooking methods in food preparation wherever possible.

G4. Limit the use of salt in food preparation.

G5. Emphasize menu items that are high in complex carbohydrates and low in total fat.

G6. Provide nutrition education to chefs, cooks, wait staff and other food services personnel to assist them in the implementation of Canada's Guidelines for Healthy Eating.

G7. Integrate nutrition education into formal training programs for food service managers, chefs, cooks, etc.

G8. Provide nutrition information to consumers about the nutritional value of foods served.

G9. Use menus and promotional materials to encourage food selection consistent with Canada's Guidelines for Healthy Eating.

G10. Initiate partnerships (for example, with school, worksite and hospital representatives and with nutrition and other health professionals) in the design, implementation and evaluation of community-based nutrition intervention programs.

G11. Participate in intersectoral initiatives to develop guidelines on the dissemination of health information associated with the sale of food products.

H. Recommendations for Action to Non-governmental Organizations (such as the National Institute of Nutrition, PARTICIPaction, the Canadian Cancer Society, the Heart and Stroke Foundation of Canada):

H1. Adopt and promote Canada's Guidelines for Healthy Eating as the single set of nutrition recommendations for communication to the healthy public over two years of age.

H2. Mobilize members and volunteers to promote Canada's Guidelines for Healthy Eating.

H3. Ensure adequate professional support for nutrition programs.

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- H4. Initiate partnerships (for example, with school, worksite, hospital and private sector representatives and with nutrition and other health professionals) in the design, implementation and evaluation of community-based nutrition intervention programs.
- H5. Work with the public and private sectors and health professional organizations to develop and support nutrition policy at the national, provincial, territorial and community levels.
- H6. Participate in intersectoral initiatives to develop guidelines on the dissemination of health information associated with the sale of food products.
- H7. Support evaluation of nutrition and health promotion programs through funding.
- H8. Support research on the relationship between diet and chronic diseases.
- H9. Advocate to Agriculture Canada and provincial counterparts for nutrition as a primary determinant in agricultural food-product development.
- H10. Advocate to the food industry for nutrition as a primary determinant in food product development.

I. Recommendations for Action to the Public:

- 11. Adopt Canada's Guidelines for Healthy Eating for those over two years of age.
- 12. Influence family, friends and co-workers to adopt Canada's Guidelines for Healthy Eating, and support them in their efforts to do so.
- 13. Advocate for financially, geographically and culturally accessible food choices consistent with Canada's Guidelines for Healthy Eating in locations such as supermarkets, schools, workplaces and restaurants.
- 14. Advocate for food and nutrition policies in the community and at a national level that support Canada's Guidelines for Healthy Eating.
- 15. Advocate for availability of, and accessibility to, nutrition programs in the community.

4. Conclusion

The report and recommendations of the Scientific Review Committee integrates the Nutrition Recommendations and the Recommended Nutrient Intakes for Canadians. It represents a critical examination and judgment of the scientific data available on nutrition and health today. The report of the Communications/Implementation Committee challenges all practitioners and sectors to implement Canada's Guidelines for Healthy Eating in every corner of the country.

This task will not be easy, nor will it be completed overnight. The Communications/Implementation Committee calls for a range of policy development initiatives, community-based strategies, and research and evaluation efforts, aimed at promoting public awareness and acceptance of key nutrition messages. It emphasizes the need for new, collaborative partnerships, crossing the boundaries of sector, jurisdiction and discipline, to reflect the central role of nutrition in health promotion and disease prevention.

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